

**State:** District of Columbia **First Filing Company:** Liberty Insurance Corporation, ...  
**TOI/Sub-TOI:** 19.0 Personal Auto/19.0000 Personal Auto Combinations  
**Product Name:** Non-renewal Form Update  
**Project Name/Number:** 17-DC-P-AO-F-MULTI-XCL/17-DC-P-AO-F-MULTI-XCL

## Filing at a Glance

Companies: Liberty Insurance Corporation  
Liberty Mutual Fire Insurance Company  
LM General Insurance Company  
LM Insurance Corporation  
The First Liberty Insurance Corporation

Product Name: Non-renewal Form Update

State: District of Columbia

TOI: 19.0 Personal Auto

Sub-TOI: 19.0000 Personal Auto Combinations

Filing Type: Form

Date Submitted: 11/08/2016

SERFF Tr Num: LBPM-130784341

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 17-DC-P-AO-F-MULTI-XCL

Effective Date

Requested (New):

Effective Date 02/26/2016

Requested (Renewal):

Author(s): Godwin Kalb

Reviewer(s): Colin Johnson (primary)

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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## General Information

Project Name: 17-DC-P-AO-F-MULTI-XCL  
Project Number: 17-DC-P-AO-F-MULTI-XCL  
Reference Organization:  
Reference Title:  
Filing Status Changed: 11/10/2016  
State Status Changed:  
Created By: Godwin Kalb  
Corresponding Filing Tracking Number:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:

Deemer Date:  
Submitted By: Godwin Kalb

### Filing Description:

With this filing we are submitting revision to our previously filed and approved Auto Nonrenewal form. The new language is intended to improve the customer experience while maintaining the conspicuous intent of the notice.

We ask that this filing be approved for Auto policies non-renewing on or after February 26, 2017. Should you have any questions or concerns, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Godwin Kalb, Sr. Compliance Analyst	godwin.kalb@libertymutual.com
1001 4th Avenue	425-943-6052 [Phone]
Seattle, WA 98154-1101	

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**Filing Company Information**

Liberty Insurance Corporation  
175 Berkeley Street  
Boston, MA 02116  
(617) 357-9500 ext. [Phone]

CoCode: 42404  
Group Code: 111  
Group Name: Liberty Mutual  
Group  
FEIN Number: 03-0316876

State of Domicile: Illinois  
Company Type:  
State ID Number:

Liberty Mutual Fire Insurance  
Company  
175 Berkeley Street  
Boston, MA 02116  
(617) 357-9500 ext. [Phone]

CoCode: 23035  
Group Code: 111  
Group Name: Liberty Mutual  
Group  
FEIN Number: 04-1924000

State of Domicile: Wisconsin  
Company Type:  
State ID Number:

LM General Insurance Company  
175 Berkeley Street  
Boston, MA 02116  
(617) 357-9500 ext. [Phone]

CoCode: 36447  
Group Code: 111  
Group Name: Liberty Mutual  
Group  
FEIN Number: 22-2227328

State of Domicile: Illinois  
Company Type: Property and  
Casualty  
State ID Number:

LM Insurance Corporation  
175 Berkeley Street  
Boston, MA 02116  
(617) 357-9500 ext. [Phone]

CoCode: 33600  
Group Code: 111  
Group Name: Liberty Mutual  
Group  
FEIN Number: 04-3058504

State of Domicile: Illinois  
Company Type:  
State ID Number:

The First Liberty Insurance  
Corporation  
175 Berkeley Street  
Boston, MA 02116  
(617) 357-9500 ext. [Phone]

CoCode: 33588  
Group Code: 111  
Group Name: Liberty Mutual  
Group  
FEIN Number: 04-3058503

State of Domicile: Illinois  
Company Type:  
State ID Number:

**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Liberty Insurance Corporation, ...
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Cancel Non Renew Letter	PMKT 970	02 17	CNR	Replaced	Previous Filing Number:	LBPM-128153540	50.600	_PMKT 970_0217_Final.pdf, _PMKT 970_0217_Filing Mockup.pdf
							Replaced Form Number:	PMKT 970 05 12		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

[Company name]  
[Company Address]  
[Sales phone]

[Company Logo]

[Policyholder Name]  
[Policyholder Address]

Policy Number: [Policy Number]  
[Date]

Dear [Policyholder Name],

Thank you for having chosen Liberty Mutual Insurance. We regret to inform you that after careful consideration, we will be unable to renew your automobile insurance policy listed above in the coming year. Your coverage will end effective 12:01 a.m. on [Cancellation Date].

The reason for non-renewal is based on the following, as a result of an underwriting review:

- [Cancel Reason]

We will share this policy update with [Loss Payee] on your behalf so they are aware.

As you can see from the date listed above, your coverage does not end immediately. We are sorry we are no longer able to offer you insurance coverage but we wish to assist you in seeking replacement protection. [ Our partner will be happy to help you search multiple options for a new policy through a single phone call. An [insert partner name] sales associate can be reached at [insert phone number].]

Please take a few minutes to review the important notice enclosed. Should you have any questions you can contact us at [insert phone number].

Sincerely,

The Liberty Mutual Service Team

Please be advised one of the factors that influenced our decision was information contained in a Consumer Report from:

[Vendor Name]  
[Vendor Address]  
[Vendor Contact Info]

[Vendor Name]  
[Vendor Address]  
[Vendor Contact Info]

While the above consumer reporting agency provided the information, they did not make the decision, nor can they provide you with a reason why a particular underwriting decision was made.

You are entitled to receive a copy of the consumer report(s) we reviewed and, if your request is made to the consumer reporting agency listed above within sixty (60) days, the report will be provided by them free of charge. This will help you better understand what was reviewed and to dispute any errors that may appear on the report. You will need to provide identification, such as a copy of your driver's license, passport, or birth certificate when you request your report(s).

If you believe the report includes inaccurate information, you may request the consumer reporting agency to reinvestigate and issue an updated report within thirty (30) days without charge. If the consumer reporting agency makes any corrections to your report, please ask them to send a copy to Liberty Mutual so we can review your updated information.

#### **IMPORTANT NOTICE**

You have the right to apply for insurance with any other agent or insurance company to replace the coverage provided by this policy. If you are unable to obtain other insurance, there is also the District of Columbia Automobile Insurance Plan, PO Box 6530, Providence, RI 02940-6530, through which eligible persons may be assigned to an authorized company for insurance coverage. The telephone number is (888) 820-0170. Information regarding the District of Columbia Automobile Plan may be obtained from your local Liberty Sales Office, any licensed agent or broker, or from the Plan itself.

If you dispute the validity of this non-renewal of your automobile insurance, you may within 15 days of receiving this notice, send written notification to the Superintendent of Insurance for the District of Columbia of the reasons why you believe the non-renewal is invalid. A copy of your written notification must also be sent to the Company at the address shown.

**FAILURE TO MAINTAIN REQUIRED INSURANCE WILL RESULT IN CANCELLATION OR REVOCATION OF YOUR MOTOR VEHICLE(S) REGISTRATION.**

[Company name]  
[Company Address]  
[Sales phone]

[Company Logo]

[Policyholder Name]  
[Policyholder Address]

Policy Number: [Policy Number]  
[Date]

Dear [Policyholder Name],

Thank you for having chosen Liberty Mutual Insurance. We ~~are sorry-regret~~ to inform you that after careful consideration, we will be unable to renew your ~~above-referenced~~ automobile insurance policy ~~is non-renewed,~~ listed above in the coming year. Your coverage will end effective 12:01 a.m. on [Cancellation Date].

~~This-~~The reason for non-renewal is based on the following, as a result of an underwriting review.~~The reason for non-renewal is:~~

- [Cancel Reason]

We will share this policy update with [Loss Payee] ~~is also being notified of this action, as a loss payee on your behalf so they are aware.~~

As you can see from ~~the vehicle-~~date listed above, your coverage does not end immediately. We are sorry we are no longer able to offer you insurance coverage but we wish to assist you in seeking replacement protection. [ Our partner will be happy to help you search multiple options for a new policy through a single phone call. An [insert partner name] sales associate can be reached at [insert phone number].]

Please ~~read~~ take a few minutes to review the important notice enclosed, ~~as well.~~ Should you have any questions you can contact us at [insert phone number].

Sincerely,

The Liberty Mutual ~~Insurance~~ Service Team

Please be advised one of the factors that influenced our decision was information contained in a Consumer Report from:

[Vendor Name]  
[Vendor Address]  
[Vendor Contact Info]

[Vendor Name]  
[Vendor Address]  
[Vendor Contact Info]

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You have the right to apply for insurance with any other agent or insurance company to replace the coverage provided by this policy. If you are unable to obtain other insurance, there is also the District of Columbia Automobile Insurance Plan, PO Box ~~4830, Glen Allen, VA 23058~~ 6530, Providence, RI 02940-6530, through which eligible persons may be assigned to an authorized company for insurance coverage. The telephone number is ~~(202) 722-1093~~ (888) 820-0170. Information regarding the District of Columbia Automobile Plan may be obtained from your local Liberty Sales Office, any licensed agent or broker, or from the Plan itself.

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Readability Certificate
<b>Comments:</b>	The Flesch Score for this form is 50.6
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	